Approved, SCAO OSM CODE: PRF FILE NO. STATE OF MICHIGAN PETITION FOR REMOVAL/TERMINATION PROBATE COURT OF PERSONAL REPRESENTATIVE AND **COUNTY OF APPOINTMENT OF SUCCESSOR** (ESTATE NOT CLOSED) Estate of 1. I am interested in this estate as _____ _____ as personal representative of the estate, 2. The appointment of Name death. disability. resignation. is terminated because of □ personal representative □ should be removed as □ special personal representative 3. of the Name estate because: State cause for removal of personal representative 4. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition except as follows: 5. It is necessary that a successor personal representative be appointed to continue and complete administration of the estate. 6. IREQUEST: _____be removed as personal representative of the estate and all property of the estate be delivered to the successor when he or she qualifies. b. ______be directed to file a final account with this court. residing at ______Address or some other suitable person, be appointed \square special \square successor personal representative in place of the removed/terminated personal representative. I declare under the penalties of perjury that this application/petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Attorney signature

Petitioner signature

Name (type or print)

Bar no.

Name (type or print)

tame (type of print)

Address Address

City, state, zip Telephone no.

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City, state, zip

Do not write below this line - For court use only

Date